



Form No. 4M
(A/02-09)

Town of Spencer
90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3213

No.

DEPARTMENT

☐

COMPLAINT

☐

SUGGESTION

☐

REQUEST

I. COMPLAINANT INFORMATION

| | |
|-------|-------------------|
| Name: | Phone No.: |
| | () - |

| |
|----------|
| Address: |
|----------|

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

II. COMPLAINT, SUGGESTION, OR REQUEST INFORMATION

Department(s) Involved:

☐ Police ☐ Sewer ☐ Street ☐ Fire Territory ☐ Building ☐ Other: _____

Nature of Complaint, Suggestion or Request:

Proposal to Correct:

Estimated expense to implement above proposal:

\$

By signing below I, the undersigned, acknowledge to having first hand knowledge of the facts stated in the above, herein as true. I also understand that provided false statements against any Town employee may result in civil liabilities. In addition I understand that in the State of Indiana it is unlawful to knowingly make a false statement against a Law Enforcement Officer. I have read and understand this warning and have attached my signature below in agreement.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Office Use Only

Department to Respond:

☐ Spencer Town Board ☐ Police ☐ Sewer ☐ Street ☐ Fire ☐ Building

☐ Other: _____

Disposition:

☐ Approved ☐ Denied ☐ Founded ☐ Noted for record

☐ Unfounded ☐ Cleared ☐ Pending ☐ Other: _____

Action taken to correct or implement, if any: